2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000162024

Entity Name: P.Y.B. CORP.

FILED Jan 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7018 HOULTON CIRCLE 9500 SW CONNERS HWY

LAKE WORTH, FL 33467 US BOX #8

OKEECHOBEE, FL 34974 US

Current Mailing Address: New Mailing Address:

7018 HOULTON CIRCLE 8601 SW FOX BROWN RD LAKE WORTH, FL 33467 US INDIANTOWN, FL 34956 US

FEI Number: 20-1950181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PERICCHI, ALEJANDRO J
7018 HOULTON CIRCLE
LAKE WORTH, FL 33467 US
PERICCHI, ALEJANDRO J
8601 SW FOX BROWN RD
INDIANTOWN, FL 34974 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALEJANDRO PERICCHI 01/09/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition PERICCHI, ALEJANDRO J PERICCHI, ALEJANDRO J Name: Name: 7018 HOULTON CIRCLE 8601 SW FOX BROWN RD Address: Address: City-St-Zip: LAKE WORTH, FL 33467 US City-St-Zip: INDIANTOWN, FL 34956 US

Title: (X) Change () Addition Title: () Delete BEAUDRY-PERICCHI, MICHELLE Name: Name: BEAUDRY-PERICCHI, MICHELLE 7018 HOULTON CIRCLE 8601 SW FOX BROWN RD Address: Address: LAKE WORTH, FL 33467 US INDIANTOWN, FL 34956 US City-St-Zip: City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 PERICCHI, JUAN B
 Name:

 Address:
 5598 FOUNTAINS DRIVE SOUTH
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33467 US
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 PERICCHI, GILDA
 Name:

 Address:
 5598 FOUNTAINS DRIVE SOUTH
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33467 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEJANDRO PERICCHI P 01/09/2007